

**SANTA BARBARA METROPOLITAN TRANSIT DISTRICT**  
**INVITATION FOR BIDS FOR JANITORIAL SERVICES**  
**PRICE BID**

The Bidder represents and warrants that:

1. It has sufficiently informed itself in all matters affecting the performance of the work, or the furnishing of the labor, supplies, material, or equipment called for in carrying out the Project.
2. Its bid has been thoroughly checked for errors and omissions and all prices, monthly fixed fees, hourly rates and fees percentages stated are complete and correct statements of its bid for performing all project work required by the contract documents.
3. Its bid is genuine, not sham or collusive, nor made in the interest of any person not herein named; that it has not induced or solicited any other Bidder to submit a sham bid or to refrain from bidding; and that it has not in any illegal manner sought to secure for himself any advantage over any other Bidder.
4. Its bid is valid for forty-five (45) days following the bid due date.

	Monthly Fees by Year				
	Year 1	Year 2	Year 3	Year 4 (Option)	Year 5 (Option)
	(9/1/16-8/31/17)	(9/1/17-8/31/18)	(9/1/18-9/2/19)	(9/1/19-8/31/20)	(9/1/20-8/31/21)
<b>A. Monthly Fixed Fee for Labor Services &amp; Cleaning Supplies/Equipment</b>	\$ .00	\$ .00	\$ .00	\$ .00	\$ .00
<b>B. Consumable Supplies Management Fee Percent (to 1/10 of a percent)</b>	%	%	%	%	%
<b>C. Estimated Monthly Cost of Consumable Supplies</b>	\$2,000.00	\$2,000.00	\$2,200.00	\$2,200.00	\$2,420.00
<b>D. Estimated Monthly Fee for Consumable Supplies Management (B x C)</b>	\$ .00	\$ .00	\$ .00	\$ .00	\$ .00
<b>E. Hourly Labor Rate for Graffiti Removal Services</b>	\$ .	\$ .	\$ .	\$ .	\$ .
<b>F. Estimated Monthly Hours of Graffiti Removal</b>	15	15	15	15	15
<b>G. Estimated Monthly Fee for Graffiti Removal (E x F)</b>	\$ .	\$ .	\$ .	\$ .	\$ .
<b>H. Hourly Labor Rate for Emergency Services</b>	\$ .	\$ .	\$ .	\$ .	\$ .
<b>I. Estimated Monthly Hours of Emergency Services</b>	5	5	5	5	5
<b>J. Estimated Monthly Fee for Emergency Services (H x I)</b>	\$ .	\$ .	\$ .	\$ .	\$ .
<b>K. Estimated Total Monthly Billing Amount (A + D + G + J)</b>	\$ .00	\$ .00	\$ .00	\$ .00	\$ .00
<b>L. Number of Months in Year</b>	12	12	12	12	12
<b>M. Value of Annual Payments for Each Year (K x L)</b>	\$ .00	\$ .00	\$ .00	\$ .00	\$ .00

Name of Firm Submitting Bid: \_\_\_\_\_

**GRAND TOTAL FOR 5 YEARS (Sum of entries on line M):** \$ .00

\_\_\_\_\_  
Signature of Authorizing Official

\_\_\_\_\_  
Name & Title

\_\_\_\_\_  
Date